



Nutrition and Falls A CALD Perspective

Community Falls Expo

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Contributions from

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Overview

- Overview of the dietary practices CALD (Culturally and Linguistically Diverse) groups
- Role of fasting from a religious perspective
- Implications on Care
- Nutritional Risks
- Falls and Fractures Risk



Religious & Cultural Influences on diet

- Important not to generalise
- Customs & food habits influenced by
 - Regional differences
 - Education or socioeconomic background
 - Adopting 'western' diet or maintain traditions
 - Reversion to traditional habits due to dementia
- Ask client or their family
- Be aware of language barriers
- Avoid unnecessary diet restrictions for optimal nutrition
- Document in care plan & communicate with staff



Asian

- Regional differences e.g. Chinese, Korean,
- Bowls and Chopsticks are generally preferred
- Adapted Western diet
- Buddhism common but many are of Christian faiths
- Buddhists are vegetarian - but may include fish and eggs in their diet
- Low calcium intake and lactose maldigestion is common but DO NOT ASSUME



South East Asian

- Hinduism – main faith
- Many Hindus are strict vegetarians
- The cow is sacred hence beef is forbidden. Other meats such as pork, poultry & fish are often avoided. Eggs – may be avoided
- Milk, butter & yoghurt & other dairy products are considered innately pure & are included in the diet.
- Main source of protein are legumes, lentils
- Strict Hindus require cutlery & food preparation to not have been in contact with forbidden foods



South East Asian continued

- Some may prefer to eat with hands
- Devout Hindus fast regularly to promote spiritual growth
- Fasting may also occur on Sundays and days associated with various phases of the moon and planets



Islamic Faith

- For Muslims eating is a matter of faith and is dictated by dietary laws called **Halal**
- 'Haram' (forbidden foods)- pork & pork products Shellfish, other meats not slaughtered according to Islamic rites or 'Haram' additives e.g. gelatine
- Kosher meats are acceptable by some Muslims
- Some Enteral Feeds are Halal Certified
- Alcohol is avoided e.g. in cooking and medicines



Islamic Faith continued

- Fasting is practised regularly by Muslims
- Fasting occurs for the entire month of Ramadan (the ninth month).
- Fasting on these occasions includes the abstinence from all food and fluids from sunrise to sunset



Judaism

- For Jewish people pork, pork products and shellfish are forbidden
- **Kosher** foods are processed under Jewish dietary laws using specific methods
 - Animals and Birds
- Fish do not have to be Koshered
- Meats must not be cooked with Milk or Milk derivatives
- Some enteral feeds are Kosher certified
- Jewish Meals on Wheels available



Judaism continued

- Orthodox Jews follow strict dietary rules in the use of pans, plates and utensils in the preparation of meat and dairy products - in some homes there will be two separate kitchens or two separate sets of cooking and eating implements/utensils for meal preparation
- Fasting is practised



Seventh-Day Adventists

- The Seventh-Day Adventist Church advocates a lacto-ovo vegetarian diet
- All meat, poultry and fish are avoided
- Eggs and dairy products are allowed
- Tea, coffee and alcohol are prohibited
- The dietary practices satisfy "honouring and glorifying God"



Mormans

- For Mormons - the Word of Wisdom - contains laws for proper eating.
- Alcohol and beverages containing caffeine are prohibited
- Fasting is practised as a discipline of self control and honouring God.
- Mormons may avoid meat choosing a diet consisting of grains, fruits, vegetables & nuts



Fasting from a Religious Perspective

- Many of the world's religions include the practise of fasting
- Fasting is believed to help improve one's body (often described as a "temple" created by God)
- Frail elderly, disabled and patients with chronic diseases, pregnant/nursing women and the young are usually exempt from fasting
- Patient and families should discuss with their religious advisor



Implications on Care

- In NSCCAHS hospitals, dietary practices of different religions can be catered for
- Jewish faith: No pork diet OR if Orthodox can request Kosher meals (these need to be arranged prior to admission and purchased from approved sources by Food Services)
- Muslims: Halal meals can be organised
- Hindus - No beef diet should be organised
- Vegetarian (lacto/ovo) and Vegan diets are available in hospital but may be restrictive
- Enteral feeds may be appropriate for Halal or Kosher – contact dietitian



Implications on Care

- Residential Facilities – some meals can be bought in from CALD specific facilities or food services
- Contact other facilities to exchange ideas
- Menu in client's language?
- Involve the family and document client's needs
- Community - Ongoing gap of CALD meals in the community
- Jewish Meals on Wheels, other areas specialise in CALD meals.



Health Risks

- Access to culturally appropriate foods can be a barrier especially for new migrants, refugee groups, low income groups
- Vegetarian/vegan diets may be deficient in a range of macro/micro nutrients such as protein, iron, calcium, zinc, and other vitamins/minerals - supplementation may be necessary - refer to Dietitian for review
- Halal/Kosher- compromised intake of nutrients from meat products



Undernutrition is Associated with Falls and Fractures

- **Fiatarone (2009)**
Three Sydney Hospitals (n= 193) adm with fractured hips
 - 58% were malnourished
 - 55% Vitamin D deficient
- **Vellas et al (1990)**
20 fallers and 20 non-fallers admitted to geriatric clinic. Fallers had poorer nutritional status i.e. BMI, MAC, Calf Circumference
- **Vivanti (for publication)**
N= 194 admitted to Geriatric Rehabilitation Unit
Malnourished 39% (SGA – Gold standard)
TUG 25.7 (well nourished) vs 32.9 (malnourished) (P < 0.05) Falls risk increased (OR 1.57) as nutritional status declines



Indicators of Undernutrition

Hoffer (2001) CMAJ

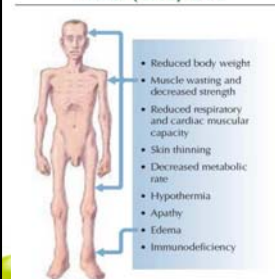


Fig. 1: Clinical features of PEM. PEM = protein-energy malnutrition.

- People who are overweight can also have PEM
- Weight alone is not the best indicator
- Stable weight in the elderly can mask muscle loss (Kinney 2004)
- Unintentional weight loss is a better predictor (EBPG – DAA 2009)

Falls and Fracture Risks

- Caucasians, Asians and African Americans are groups at higher risk of osteoporosis
- Vitamin D helps with Calcium absorption and shown to improve muscle strength & reduce falls
- Vitamin D deficiencies should be considered
 - religious faiths where skin is completely covered by clothing
 - Dark skinned
 - Housebound or Residential Facility residents



Falls and Fracture Risks

- Adequate Calcium intake helps to build and maintain strong bones
- Calcium intake in Asian population is commonly low
- People over age of 70 need 1300mg of Calcium Daily
- “Currently, the balance of evidence remains in favour of fracture prevention from combined calcium and vitamin D supplementation in elderly men and women.” (MJA 2009)



Summary

- People from same countries or cultural groups still maintain their individuality.
- Always check with client and family about dietary practices
- Some cultural groups maybe at higher risk of poor nutrition and osteoporosis
- Poor nutrition can increase falls and fractures risk
- Provision of culturally appropriate foods and meal environments can ensure optimal intake



Find a Dietitian

- Hospitals – Dietetic department
- Residential Aged Care Facilities – Private dietitians (www.daa.asn.au –Find an APD)
- Community – Hospital Outpatient Clinics, GP Clinics, Community Dietitians
- DVA Gold card can access Private dietitians for free



Dankscheen

Tà byu' dô law

Thank you!

धन्यवाद

Merci

Grazie



References

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Further Reading

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